

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

"Supplement attached" Mar 28, 1942 - M.H.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 161
366
Registered No.

1. PLACE OF BIRTH

County Gila State Arizona
District or Township Lower Miami or Village
City Miami No. 79 Van Winkle Cys. St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Luis Duran
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other. 5. No., in order of birth. 6. Legitimate? yes 7. Date of birth August 25, 1928
Month Day Year

8. FATHER Full name Emilio Duran 14. MOTHER Full maiden name Maria Ramirez

9. Residence (Usual place of abode) Miami Arizona 15. Residence (Usual place of abode) Miami Arizona
If non-resident, give place and state. If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 29 (Years) 16. Color or race Mexican 17. Age at last birthday 20 (Years)

12. Birthplace (city or place) Mexico 18. Birthplace (city or place) Mexico
(State or country) (State or country)

13. Occupation Miner 19. Occupation Housewife
Nature of industry Nature of industry

20. Number of children of this mother 3 (a) Born alive and now living 2
(Taken as of time of birth of child herein certified and including this child). (b) Born alive but now dead 1
(c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum. yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was alive at 7:30 A.M. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature J. T. Miller
Miami Arizona (Physician or midwife)

Given name added from a supplemental report. Address Miami, Arizona

Month, day, year

Registrar.

Filed Aug 30, 19 28 C. C. E. Jones Registrar.

945-825-499